

**MULTIPLE DEPENDENT CLAIM**  
**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM T.O-875)

SERIAL NO.

10/769 239  
 APPLICANT(S) 1

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER: 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						